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### CLINICS.

#### HOSPITAL NOTES AND OBSERVATIONS.

*Clubbing of the Finger-ends as a Symptom of Thoracic Disease.*—A very interesting case has been recently under care in St. George's Hospital, of large subclavian aneurism, in which the circulation of one upper extremity had for a long time been greatly interfered with. We do not, however, now advert to its details any further than as they bear upon the right interpretation of clubbing of the fingers. The fingers of the affected arm had become clubbed in a very marked degree, while those of the other hand had retained their original shape. The man was not the subject of phthisis or of tubercular deposit in any form. It seems, therefore, clear that simple retardation of the circulation in the part is, if long continued, an efficient cause of this peculiar symptom.

Clubbing of the fingers, when not an individual peculiarity, but coming on during ill-health, has often been considered an indication of pulmonary phthisis. By what steps of causative influence it was produced no one knew. Some years ago, in the practice of the City Hospital for Diseases of the Chest, the writer took considerable pains to ascertain its value as an indication of phthisis, and to discover whether it was in any way connected with the tubercular dyscrasia. Several cases of chronic empyema discharging through the bronchial tubes, displayed it in a very marked degree, while in none of them was there any reason to suspect tubercular disease. For a time he felt inclined to connect it with profuse expectoration from whatever cause rather than with tubercular disease. The observation of some instances of cyanosis in which it was present, however, overthrew this hypothesis. The case of a lad under Dr. Barker's

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care, in St. Thomas's Hospital, has in particular fixed itself on his memory in connection with this point. The boy had congenital malformation of the heart, and his face and extremities were constantly livid and blue. His fingers were remarkably clubbed, and so were all his toes, as is very commonly the case. He had never had any cough or expectoration. The occurrence of this symptom in the cyanotic removes it in a very positive manner from any necessary connection with the tubercular diathesis, since, as is well known, blue blood is to a certain extent antagonistic to that condition. Thus, then, it seemed fair to conclude that a symptom occurring in phthisis, empyema, and cyanosis, must depend upon some one condition which these affections have in common, and not upon tubercle, which is present only in one, or on profuse expectoration, which occurs in only two. Retardation of the circulatory fluid and its insufficient aeration, seemed to be this one phenomenon common to them all, and in further support of this view was the fact that it is far from being universally met with in phthisis, and usually seems proportionate in degree to the evidences of pulmonary obstruction (purple lips etc.).

It is needless after the above enumeration to point attention to the peculiar interest which Dr. Ogle's case possesses as furnishing a sort of crucial proof of the truth of the conclusion arrived at. The phenomenon in question being exhibited in it in one hand only, it was clear that it could not depend on a constitutional cause, but must have been induced by some influence peculiarly exerted on the affected member. There could be little difficulty, under the circumstances, in saying what this influence was. In future, therefore, we may safely conclude that clubbing of the ends of the fingers, with whatever form of disease it may be associated, is an evidence simply of impeded circulation and of deficient oxygenation of the blood.—*Med. Times and Gaz.*, March 19, 1859.

*Gastrotomy in a Case of Stricture of the Oesophagus.*—On Sunday last, at Guy's Hospital, Mr. COOPER FORSTER again performed gastrotomy in a case of stricture of the oesophagus. [The particulars of the first case will be found noticed in the number of the *American Journal of Medical Sciences* for April, 1859, p. 510—513.]

In the present case the patient is a boy who was admitted under Dr. Addison's care about fifteen weeks ago on account of the effects consequent on having swallowed some caustic alkali. As he recovered, the symptoms of contracted oesophagus became increasingly apparent, and at length it was evident that unless relieved by an operation the lad must die of inanition. Under these circumstances he was transferred to Mr. Forster's care, and, as we have said, the stomach was opened on Sunday last. The viscus being itself contracted and the bowels about it distended, the operation was by no means so easy as might have been expected. The edges of the opening were secured to those of the external wound, and fluid nutriment in moderate quantities has since been administered by it. Up to Tuesday night (our last report) the boy was doing well, much gratified at the relief of his hunger, and without any signs of peritonitis.—*Ibid.*

#### *Cases of Excision of the Knee-Joint.*—

Two cases in which excision of the knee-joint has been performed are now under care in King's College Hospital, which present certain features of more than ordinary interest. The subject of the first was a young man who, about three years ago, had been under care in the same hospital on account of a diseased knee, for which amputation had been advised. His parents refused to consent to the operation, and took him home. Subsequently, ankylosis occurred, but the position of the limb being very bad, and sinuses still continuing to discharge, he at length sought readmission, and desired that amputation should be done. There was now no great amount of swelling, but the tibia was retracted and firmly fixed. The lad was in fair health. It was determined to excise the joint, and on Saturday week chloroform was administered for that purpose. On exposure of the parts it was found that a very large amount of new bone had been thrown out, and that the ankylosis could not be broken through. Mr. Fergusson was, therefore, obliged to saw through both bones from before backwards, and much difficulty was encountered. A wedge-shaped mass, including the ankylosed extremities of the bones, with the patella, was at length removed without injury to the important structures in the popliteal space. It was found, however, that the

bones could not be brought into the straight position, and two other slices had to be sawn off before coaptation was practicable. Mr. Fergusson subsequently described it as one of the most difficult incisions he had ever had to perform. The limb was of course considerably shortened, but it was quite straight; and if, as seems likely, the man make a good recovery, will be a very useful one.

The second case was operated upon on Saturday last. A man of middle age was placed on the operating table, with the history that he had suffered from disease of the right knee for two years. There was but little swelling, and no sinuses. No abscess had ever presented externally. The tibia was a little retracted, and there was also a degree of eversion of the foot of ominous import as to the condition of the crucial ligaments. The history given was of very painful and disorganizing inflammation. The usual treatment, including issues in front of the joint, had been tried in vain. On the joint being laid open, a state of disease was disclosed far greater in extent than had been expected by most observers. The cartilages were wholly destroyed, and the bones deeply eroded. The condyles of the femur were indeed almost removed by caries, and a portion of loose bone, the size of a large nut, had been separated from one of them. The section of the femur showed one of those circumscribed patches of yellow induration of bone, which, since the practice of excisions has become general, must have been made familiar to most surgeons. The yellow patch had a circumference about equal to that of a shilling; it was harder than the surrounding more vascular tissue, and was also margined by a line of deep red. Mr. Fergusson removed with the gouge the part thus affected, but remarked afterwards that he did not consider that this measure was always absolutely necessary, as he had sometimes left portions of bone in this condition, without witnessing any unpleasant results.

In both the above cases, Mr. Fergusson made only a single transverse incision. This method of operating, which, as far as we are aware, has not yet been adopted by any one else, appears to be a great improvement. The wound left is very much smaller than when either the H-shaped or the horse-shoe incision is practised, while ample room is afforded for the exposure and section of the

extremities of the bones. With regard to the patella, Mr. Fergusson, who was formerly an advocate for its being retained when not too extensively diseased, now always removes it. He states that it is not unfrequently the source of much trouble in the after treatment of the case, and that its retention does not serve any useful purpose. With regard to the white hardening of limited portions of bone above alluded to, there can, we should think, be little doubt that it is indicative of a state of inflammation usually destined to end in necrosis. Whether it is safe practice or otherwise to leave such portions unengaged, must depend upon the stage to which the disease has advanced. If the line of separation be, as it often is, already apparent, there can be little doubt that the subsequent exfoliation of the fragment would be likely to retard materially the union of the opposed surfaces of bone. To find loose portions of bone in the interior of diseased joints is by no means infrequent, and one such was present in the case before us.—*Med. Times and Gaz.*, Nov. 27, 1858.

*Amputation by the Long and Short Rectangular Flaps.*—On Thursday week, Mr. Pollock, at St. George's Hospital, performed an amputation of the thigh by rectangular long and short flaps, after the manner recommended by Mr. Teale. It is, we believe, the first instance in which this mode of operating has been adopted in our London hospitals. The ligatures all came away within the week, and to a large extent union was by first intention. The operation has given great satisfaction in this instance, and from the opinions which we hear expressed, Mr. Teale may confidently anticipate that his plan will have had, before long, a very extensive trial. Most surgeons who have seen his work have, we believe, been led to entertain a favourable estimate of the procedure.—*Ibid.*

*Influence of Bleeding in Controlling Peritoneal Pain.*—This was remarkably illustrated in a pale, slight-made young man, aged twenty, who was admitted into St. Bartholomew's Hospital, with a congenital inguinal hernia of the right side, strangulated only four hours. The operation was performed by Mr. Coote, on the 21st August, and the sac opened, when reduction was accomplished. The same night the most

violent peritonitis ensued, for which he was bled to sixteen ounces, with the most rapid and marked relief to the pain, which became completely dissipated. His strength was well supported by brandy, wine, and beef-tea, and he made a good recovery.—*Lancet*, December 11, 1858.

**Iodine and Mercurial Ointment.**—A favourite ointment in use at St. Bartholomew's Hospital, for removal of obscure swellings, depending upon inflammation or some other cause, is ten grains of iodine, with a drachm of mercurial ointment and an ounce of lard. We saw its efficacy tested in a case of swelling over the left hip in an elderly man, under Mr. M'Whinnie's care, commencing seven or eight months ago, and supposed to be due to disease of the upper part of the femur. It had almost entirely disappeared by the use of this ointment, and the patient seemed in every way better.—*Ibid.*

**Alum and Savin in Condylomata.**—In these raised patches of skin, known as mucous tubercles, or condylomata, existing about the verge of the anus and around the genitals, but especially those which are wide spread and flat, more extensive than prominent, Mr. Coulson, at St. Mary's Hospital, has been remarkably successful in producing the diminution of the swelling, and causing them to dry up, by the application of a powder consisting of equal parts of savin and alum. This is quite painless, and a cure is generally completed in a few days. Of course, an adjunct to this is cleanliness and the free use of soap and water.—*Ibid.*

**Soap and Lead Plaster.**—This consists of a mixture of equal parts of the emplastrum saponis and the emplastrum plumbi of the Pharmacopoeia, which is spread on soft leather with a little powdered camphor, and is much employed at the Cancer Hospital in cases of cancer of the breast which have not ulcerated. The lead in this plaster exerts a peculiar sedative effect on the disease, which is either kept in a stationary condition, or slowly becomes diminished, and sometimes is almost wholly absorbed.

An excellent embrocation is also found very useful at this institution, in effecting the same results as the plaster. It consists

of equal parts of the liquor plumbi diacetatis and almond oil, with about the same quantity of distilled vinegar and water. This forms a white emulsion, very useful sometimes when inflammatory symptoms are present. The oil keeps it moist, although it does not mix very well with the other ingredients.—*Ibid.*

#### CLINICAL LECTURES.

*Clinical Lecture on Navus, delivered at University College Hospital.* By JOHN ERICHSEN, Esq., Professor of Surgery, &c.

—*Navus* is, perhaps, the most common congenital malformation or disease requiring surgical interference, and probably the most frequent cause of operations on young children. The methods adopted by surgeons for the removal of this affection are very varied; but however much they may differ in detail, they are all referrible in their mode of action to one of three principles, viz: 1. Those means, such as the seton, subcutaneous section, vaccination, and the injection of various astringents, which act by exciting inflammation, and eventually induce plugging and obliteration of the vascular network that constitutes the *navus*. 2. Caustics; the electric and the actual cautery, which act by destroying the morbid structure. And, 3. Its removal by means of the knife or ligature. Now it is not my intention today to enter upon a general description of these different methods of treatment, but my object is to endeavour to point out to you how they require to be modified according to the situation and nature of the *navoid* growth. Instead, therefore, of discussing those principles of treatment which are applicable to *navus* generally, I will endeavour to render the subject more simple and practical by bringing before you cases and observations illustrative of the treatment of *navus*, according to the region it occupies.

*Nevi of the Scalp* are more frequent than in any other situation, except, perhaps, the face. When occurring on those parts that are covered by hair, they are almost invariably prominent and subcutaneous; when seated on the forehead, or on the bare skin behind the ears, they are often cutaneous. The ordinary subcutaneous *navus* of the scalp is readily removed by the application of the quadruple ligature. In performing

this little operation, it often becomes a question as to whether any of the integument covering the growth should be preserved. In general, I think it better not to attempt its preservation. It is true that when removed, a clean white cicatrix is left which never covers itself with hair; but this contracts, and in after-life becomes but little visible. If you attempt to dissect down the skin that covers the nevus, you will find the operation not only troublesome, but attended by a very considerable, and possibly a dangerous amount of hemorrhage. Those flat nevi that are situated behind the ear are here treated, as in the case at present under my care, by the free application of the fuming nitric acid.

*Nevus of the Fontanelle* is the most important variety of the scalp nevus, and constitutes a somewhat formidable disease. You see, as in the case of a child nine months old which we lately treated, a large purple tumour situated within the anterior fontanelle, rising and falling by the pulsations of the brain communicated to it, and becoming distended and tense when the child cries. The tumour is evidently close upon the membranes of the brain, and may be looked upon almost as an intracranial rather than a scalp tumour. The close proximity of the tumour to the brain and its membranes often deters practitioners from interfering with it; and I not unfrequently see cases in which the parents of the child have been counselled not to allow any operation to be practised, lest death should result. But yet this tumour, so formidable in appearance, and so deeply seated, close upon the brain, and as it were within the cranium, may be removed with the most perfect safety by the ligature, if you know how to apply it. I have often tied nevi in this situation, and have never seen any ill consequences, nor even a convulsive fit, occur. The danger, then, from the mere strangulation of the tumour in this situation cannot be great; but there is another and a special danger, viz., the risk of wounding the membranes of the brain in passing the ligatures under the base of the tumour. Now, I need scarcely say, that if you use nevus-needles, or sharp pointed instruments of any kind, this accident would be very likely to occur; you could not tell whether or not, in dipping down the needle, you had included a portion of the dura mater; and, if this were to happen, inevitably fatal consequences must

ensue. However, this accident may always be avoided by operating as you lately saw me do in the case of a child eight weeks old, with a large purple nevus in the anterior fontanelle. A puncture was made in front of the tumour through the healthy scalp. An eyed probe, armed with a double ligature, was then pushed through this opening across the base of the tumour, and its end made to project on the opposite side beyond it; here another puncture was made, and the probe and ligature together were drawn through. The same procedure was adopted across the tumour sideways. In this way, a quadruple ligature was passed across the tumour in two opposite directions; the ends were then disengaged, and the ligature tightened in the ordinary way. Complete strangulation ensued, and the child was well in a fortnight, without a bad symptom.

*Nevi of the Face* are of very common occurrence, and usually cause so much disfigurement that their removal by surgical means requires to be undertaken whenever it is practicable. The treatment to be adopted necessarily varies greatly, according to the nature of the nevus, whether cutaneous, subcutaneous, or both, and especially according to its situation; the same plan which may be advantageously adopted in one part, being altogether inapplicable in another. We shall, accordingly, consider the treatment of these vascular growths, as they affect the eyelids, the nose, the cheeks, and the lips.

*Nevus of the Eyelids* is usually cutaneous, consisting of a discoloration or staining, as it were, of the lid, without any material swelling of it. Such a disease is, I think, better left untouched; it cannot, of course, be removed either by the knife or caustics, without producing worse results; and, as the skin is always deeply involved, milder means are inoperative, or possibly equally destructive. I have heard of sloughing of the eyelid being occasioned by the use of astringent injections in such cases; though, if the nevus were subcutaneous, and constituted a distinct tumour, passing perhaps into the orbit, injection with the perchloride of iron might advantageously be adopted.

*Nevus of the Nose* may occur in two situations—at the root, or towards the ala and apex. When seated at the root of the nose, upon the bridge, or at the lower part of the forehead, between and perhaps ex-



tending above the eyebrows, it is often subcutaneous, and may attain a very considerable magnitude. In such cases as these, I have found the quadruple ligature the readiest means of removal; and, although the part included may be of large size, you will find that the resulting cicatrix is wonderfully small and narrow, usually becoming horizontal, so as to fall into the folds of skin naturally existing in that situation. In the case of a little girl about three years of age, brought to me last autumn by my friend, Dr. Gerber, I removed a *nævus* that was cutaneous as well as subcutaneous, and as large as a walnut, from this situation, by means of the quadruple ligature, with the most satisfactory result, the resulting cicatrix being remarkably small; and you have lately had an opportunity of seeing in a little girl, from the bridge of whose nose I removed, about a year ago, a *nævus* as large as a marble, how little scarring or deformity results. In both these cases, the *nævus* was cutaneous as well as subcutaneous. If the skin is not affected, then injection with the perchloride of iron may be advantageously employed in such cases. When the tip and alæ of the nose are affected, the *nævus* being cutaneous, we can seldom do much to improve the appearance of the patient. In such cases, I have tried breaking down the *nævus*, the use of injections, and the galvanic cautery, without any material benefit.

*Nævi of the Cheeks* may occur in three distinct forms—1. As a simple cutaneous *nævus*, a mere staining of the skin, "a mother's mark." This admits of no treatment, and the subject of it must submit to continue through life to exhibit the characteristic discoloration. 2. The elevated cutaneous *nævus*, raised above the surface, and of a deep purplish red or plum colour, covered with a very thin integument. In this form of the disease, I think that the application of the concentrated nitric acid is the best means of extirpation. By one or two free applications of the caustic, the *nævus* growth is removed, and a dense white cicatrix, presenting little disfigurement, is left in its place. 3. The *nævus* may involve the whole thickness of the cheek, being scarcely, if at all, cutaneous. Such *nævi* as these cannot, of course, be extirpated, either by the knife, ligature, or caustics, lest the cheek be perforated, and the most serious disfigurement ensue. In such cases as these, we must endeavour to

obliterate the structure of the *nævus* by exciting inflammation in it by means of setons, or by breaking down the structure of the growth with cataract-needles or a fine tenotome. In a case which I attended some years ago, with my friend, Mr. Bartlett, of Notting Hill, a large and deep-seated *nævus* growth, which occupied one cheek, was cured by having a number of fine silk threads passed across it in different directions, and then gradually, piece by piece, being broken down with a cataract-needle, no disfigurement whatever being left.

*Nævi of the Lips* require different treatment, according as they occupy the margin or have involved the whole substance of these parts. When seated at the margin, as projecting and somewhat pendulous growths, they may very readily be removed by a double or quadruple ligature, according to their size; but when they involve the whole thickness of the lip, such measures as these are not available. If deeply invading the substance of the lip, an operation similar to that for the removal of a canceroid growth might be practised, the whole substance of the lip cut through widely on either side of the disease, and the incisions brought together with hare-lip pins. Such an operation is only practicable when the disease, though deeply seated, does not spread to any very great extent laterally. When it does, the whole of one-half of the lip, for instance, being involved, the use of the knife, especially in young infants, would be too hazardous, on account of the probability of serious hemorrhage; and other means must be had recourse to. I have tried the use of setons, and of injections with the perchloride of iron; but not with any advantage. When the whole substance of the lip is involved, inclusion and strangulation of the morbid mass by means of the ligature is seldom available; the amount of sloughing being very great, and the child, absorbing the putrescent matters from the sloughy mass which results, incurring the danger of being poisoned from this source. In an infant with a very large *nævus* including one-half of the lip, and which I ligatured at the hospital some years ago, death appeared to result from this cause. One of the most formidable, and in its results the most satisfactory case of *nævus* of the lip that I have ever had to do with, was sent to me about three years and a half ago, by Dr. Budd, of Barnstable. The patient, a little girl five

months old, was noticed at birth to have a red streak on the right side of the upper lip; this rapidly developed into a large tumid purple nœvus, which, when the case came under my observation, was about the size of a large walnut, involving the whole of the structures of the lip, from the cutaneous to the mucous surfaces; it was of a deep mulberry colour, and extended from the median line of the lip to the angle of the mouth. The integuments covering this growth were exceedingly thin, and the tumour itself in the highest degree vascular and active. What course was to be adopted in eradicating such a tumour as this? Excision appeared to be out of the question, on account of the extent of tissue involved, the early age of the child, and the probability of profuse and possibly fatal hemorrhage. The ligature, from the experience I had had in a similar case, presented little to recommend it. Injections with the perchloride of iron and the introduction of setons were successively tried, but neither of these means produced any effect on the tumour, which commenced to extend upwards into the nostril. I accordingly determined on using caustics. Nitric acid was first employed; but, as this did not produce sufficiently deep impression on the growth, I had recourse to the potassæ cum calce. By means of this powerful escharotic, the tumour was gradually removed; the hemorrhage which occasionally resulted being restrained by pressure. Notwithstanding the amount of tissue destroyed, the resulting cicatrix was small, resembling that of a badly united hare-lip. I advised the parents to leave this for some years, and then, if it had not materially improved, proposed to excise it, and bring the opposite sound edges together by a hare-lip operation. A few weeks ago, the child was brought to me again, and I was much struck by the wonderful improvement that had taken place during the three years that had elapsed since the removal of the nœvus. The lip is smooth, the cicatrix in a great degree worn out, and comparatively little disfigurement is left in the countenance of an exceedingly pretty and engaging child. Finding, however, that the lip was still drawn or tucked in by a very dense band of cicatricial tissue, which caused a depression of the ala on that side, I divided this, and the result has been of the most satisfactory character.

*Nævi on the Organs of Generation are*

occasionally met with in the female, but rarely in the male. The only instance of *nævus on the penis* that I have met with occurred in the case of a gentleman thirty-two years of age, who consulted me about three years ago for a growth of this kind, as large as a walnut, situated under the reflexion of the preputial mucous membrane. It had existed for many years without giving any annoyance, but, having of late begun to enlarge, and occasionally to bleed, he was desirous to have it removed. This I did by applying the quadruple ligature, after having dissected down the mucous membrane. *Nævi of the vulva and pudendum* are by no means of very unfrequent occurrence. We have had several instances of this kind in the hospital of late years. They are usually of a venous character, often attain a large size, and may sometimes involve the integumental structures on the inside of the thigh, or on the perineum, as well as the vulva. When the growth is confined to the vulva, it is best removed by the ligature. Some time ago, I removed in this way a large venous pendulous nœvus, as large as two or three flattened walnuts, from the left labium of a little girl six years of age. In this case, I found it most convenient to employ the continuous ligature. The same means were had recourse to in order to extirpate a large nœvus from the labium of a child three years of age; but in this case the disease extended to the integuments of the perineum and inner side of the thigh, and was here removed by the application of strong nitric acid, after the larger growth had separated.

*On the Extremities, Neck, and Trunk,* every possible variety of nœvus occurs. When the disease is flat, consisting rather of staining of the skin than of any actual tumour, it may commonly be treated successfully by the application of the strong tincture of iodine; or, should it be thought desirable to remove it, this may be effected by rubbing it with strong nitric acid. If the nœvus assume the form of a tumour, it will almost invariably be of a venous character, and then removal by means of the ligature should be effected. If the growth is round, the ordinary quadruple ligature may be employed; if flat or elongated, the longitudinal continuous ligature is preferable.

*Nævoid Lipoma.* Before concluding, I would draw your attention to a form of nœvus that I have occasionally met with,

but which does not appear to have attracted much notice, although I find that M. Nélaton speaks of it; I mean a tumour in which the naevoid structure is conjoined with or deposited in a cellulo-fatty mass—a kind of "naevoid lipoma," in fact. I have seen several cases of this disease, which has invariably been seated upon the nates, back, or thigh. It occurs as a smooth, doughy, indolent tumour, incompressible, not varying in size or shape, without heat, thrill, or pulsation, of any kind, possibly having a few veins ramifying over its surface, but no distinct vascular appearance. It is usually congenital, or has been noticed in early childhood; and continues without any very material change in shape, size, or appearance, until the inconvenience or deformity occasioned by it requires its removal. This is best effected by the knife. After removal, the tumour will be found to be composed of a cellulo-adipose basis, having a large number of veins ramifying through it, so as to constitute a distinct vascular element, communicating with small cysts containing a bloody fluid. The situation in which I have seen such tumours occur, where they gave rise to most inconvenience, and where their removal has required the greatest care, has been the anterior part of the thigh, just below Poupart's ligament, close upon and almost in connection with the femoral vessels. In a case of this description, which was sent to me last autumn by my friend, Dr. Edwards, of Antigua, the patient, a gentleman of that island, had suffered from a chronic solid œdema of one of his legs for some years, apparently dependent upon the pressure that was exercised upon the saphena and femoral veins by an elongated indolent tumour just below Poupart's ligament, and over the course of these vessels. This tumour had existed from childhood, and presented the signs that have just been given as characteristic of the disease under consideration. It was removed by an incision parallel to Poupart's ligament, some careful dissection being required to separate it from the femoral sheath, more particularly towards the inner side, where a prolongation of the tumour dipped down by the side of the femoral vein, doubtless compressing that vessel, and so disposing to the occurrence of the œdema of the limb. After removal, the tumour was found to consist of a mass of condensed cellulo-adipose tissue, with much vascular structure intermixed, and some

small cysts. The œdema gradually subsided, and when the patient left England, about three months after the operation, the limb had nearly regained its normal size, being but little larger than the sound one.—*British Medical Journal*, Oct. 16, 1858.

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*Practical Clinical Remarks on Hysterical Affections of the Joints, delivered at St. Bartholomew's Hospital.* By FREDERICK C. SKEY, Surgeon to the Hospital.

GENTLEMEN: I propose to bring under your notice to-day some cases of hysterical affections of the joints.

Mary W— (Lucas Ward, Bed No. 5), a delicate girl, aged nineteen, admitted Jan. 6th, with an affection of the left knee. When I first saw her, she was lying slightly over on her left side, the affected limb being everted so as to be laid on its outer side, with the knee bent at about 130°. The position was peculiar and well worthy of remark. The disease appeared spontaneously, after an evening's active exertion in dancing, but without the occurrence of any form of external violence. The affected knee was slightly swollen, and the temperature somewhat higher than that of the other. On applying my hand to it, the girl shrank, and expressed much suffering by a loud exclamation. Any attempt to change the position of the limb was resisted with more than ordinary earnestness. The slightest indication of a manipulative examination was attended by a corresponding extension of both her hands in the attitude of fear and resistance. The girl was pale, and her pulse weak; her general appearance presented that of a delicate person occupying a position somewhat above the level of the ordinary inmates of a hospital; catamenia regular. I ordered her a strong opiate liniment to the joint, consisting of two drachms of fluid extract of opium to six drachms of compound soap liniment, to be rubbed in at night, and the joint to be rolled in flannel. She was ordered four ounces of wine, a meat diet, and to take twice daily an ounce of the compound iron mixture, to which was added one drachm of the tincture of valerian.

On the fourth day from that of her admission, the local pain was reduced, and the girl exhibited less apprehension on the limb being examined; but it was yet highly sensitive, and its position unaltered. On the eighth day her condition was a good deal improved; she had lost the extreme



sensibility of the limb, and had a healthier expression. Mr. Batten, my very efficient house-surgeon, had succeeded in placing the limb over a pillow, so as to rest the now extended limb on the heel. In the course of another fortnight, the girl could bear, without complaint, any kind of examination of the knee, which was reduced in size and in temperature to that of the opposite joint. She was now ordered the ammonio-tartrate of iron in beer, and the leg was rolled in flannel.

On visiting the ward on the twenty-first day after this patient's admission, I observed one of the younger patients, a girl of about seventeen years of age, in tears. On inquiring the cause, she made no verbal reply, but looked round instinctively towards the bed of the person whose case I am detailing. A second case then presented itself of recent tears in another girl, for which no adequate cause was assigned. On arriving at Bed No. 5, I found I had reached the focus and exciting cause of all this female flutter and lachrymation; for, on further inquiry, I ascertained the ward had been the scene for several days of repeated exhibitions of infectious hysteria. The disease extended itself to four or five of the younger patients, one of whom was seized with an attack at the very inopportune season of my visit; but the sudden application of a large jug of cold water restored her self-command; while the threat of instant expulsion from the hospital exercised a remarkably tranquillizing influence over the participants in her weakness. The subject of the above case is now nearly convalescent.

Eliza J—, aged twenty-two, was admitted into Treasurer's Ward in April last, with an affection of the knee, which incapacitated her for movement of any kind on the affected limb. The joint was scarcely perceptibly swollen, yet she could not bear the most superficial examination by the hand without an expression of pain quite disproportionate to the apparent amount of disease. The temperature of the joint was slightly, but not much, increased. The only explanation obtainable from the girl's statement referred the injury to a fall six weeks prior to her admission, and three weeks before the first appearance and even the suspicion of disease. During the interval of the first three weeks, she "thought the joint felt occasionally more stiff than usual." This girl had a somewhat florid complexion; she

had a weak pulse, and, as almost a matter of course, had cold feet and severe headaches. Both sides of the joint bore marks of previous treatment in the form of pretty active scarifications. It appeared that blood had been taken from the joint by cupping on two occasions, to the extent, as nearly as I could learn, of about twelve ounces; and a blister of some magnitude had been applied on its front surface. From these remedies I could not ascertain that any benefit had been derived to the affected knee, and she thought, on the whole, her attacks of headache had been more frequent and severe. Her bowels were habitually constipated. I ordered her the local application, for three or four consecutive nights, of a liniment composed of two drachms of the fluid extract of opium to an ounce of compound soap liniment, and the joint to be rolled with flannel; twice a day, a draught of ammonia and valerian; full diet, with a pint of porter daily. The local application was continued, with intervals, for eight or nine days, with much relief, and without return of pain. At the expiration of a fortnight, the medicine was changed to eight-grain doses of ferro-citrate of quinine, and she left the hospital in five weeks convalescent.

Elizabeth M—, aged nineteen, was admitted into Lucas Ward, Bed No. 6, in May last, complaining of severe pain in the dorsal region. She was a stout but unhealthy-looking girl. She reports that her pain has existed at irregular intervals for the last year; that it is more severe before her catamenial periods; it occupies the middle of the back, and along the region of the spine, which is so extremely tender that the slightest pressure of the hand causes great suffering. This pain appeared, on examination, confined to the sixth, seventh, and eighth dorsal vertebrae. She could bear forcible pressure on any other of the vertebrae, but not on these. On touching them, she screamed with pain, so extreme was the sensitiveness of this locality; although, as I had fortold, she bore very considerable pressure by the hand, carefully and cunningly applied, the instant her attention was distracted from her complaint to some subject alien from it. I ordered her the strong opiate liniment above mentioned; valerian and ammonia for a week, followed by full doses of the sulphates of iron and quinine; meat diet, with a pint of porter. She left

the hospital in five weeks, quite convalescent.

To the following case I believe I have previously alluded, but it will bear repetition: Anne M—, aged twenty-two, was admitted in Treasurer's Ward (Bed No. 8), in the spring of last year. She has been confined to her bed for twelve months, and was sent up from her parish near Bedford. During twelve months she had been totally deprived of motor power in the left leg, and during ten months in the left arm. The two extremities lay on the bed perfectly motionless and paralytic. Indeed, her case was reported to me as one of hopeless and incurable palsy. There was something strange in the girl's aspect, and in the total absence of motor power extending to the toes. A truly paralytic limb is rarely so dead as these limbs were; we can often obtain some slight manifestation of volition, even though in the slightest motion of one or more of the toes. In this case there was absolutely none detectable by the eye. I suspected it to be a case of hysteria, and ordered her valerian and ammonia in full doses after the first three days; meat diet and porter. In four days movement on volition was perceptible in all the toes and in the hand. In a fortnight she could move her arm and leg slowly in all directions. In one month she walked on crutches about the ward, and in six weeks she left the hospital convalescent.

*Remarks.*—Let us go back to the first case, that of Mary W—. We see a delicate girl suffering acute pain in the knee-joint, without local mischief adequate to its intensity. On looking to the cause, we find nothing available beyond the exercise of an evening's dancing. So long as the joint remains at rest or unmolested, the pain is tolerable; touch it with the finger, and it becomes intolerable. There is no sign of local disease beyond a slight swelling of the joint; the temperature of the limb and of the region—on which we rely with so much confidence in real disease—is almost unchanged. What is this evil in its true nature? Pain; pain not the concomitant of inflammation, but pain *per se*. If the disease consist in pain, surely it is based on some condition foreign to health, in which the nervous system is involved, and not the vascular. We have abundant examples of what we term hyperæmia without pain, and we have at other times, with equal cer-

tainly, pain without increased vascularity. In various forms of neuralgia, such as tic douloureux, we have excessive sensibility of a sensory nerve. It may be lighted up in an instant by a touch of the finger, or a current of cold air, or other similar causes. It subsides as rapidly, leaving the part totally free from pain for days or weeks. Yet the eye can detect nothing abnormal in appearance. Surely this condition refers to the nerves, not to the vessels of the affected part. As we have general affections of the vascular system, as well as local, so we have morbid conditions of the nervous system both general and local. The disease is local in tic, it is general in hysteria. In the cases I have above cited, it is both local and general. The presence of severe pain, whether in the knee or in the back, so long as it does not involve the vascular system—which would be indicated by effusion into the joint, great increase of heat, and moderate, not excessive, pain—is only an evidence of general derangement of the nervous system. In such forms of diseased action, we shall no more obtain relief from suffering by local depletion than we should be warranted in subjecting a young and delicate lady to copious bleeding from the arm because she had sunk to the ground in an hysterical fit. When pain prevails unaccompanied by vascular action—that is, when it stands alone, it is often more severe than when, in alliance with heat and swelling, it gives token of true inflammation. The pain in such examples is peculiarly severe, but only so long as the mind dwells upon it. Distract the mind's attention, by directing the thoughts in another channel, and it is remarkable how almost instantaneously the pain subsides. We have, perhaps, in the history of mankind, no manifestation of the intimate relation between mind and body more remarkable than this: the entire and almost sudden suspension of severe pain through the curative agency of a train of healthy thought.

With respect to the frequency of such diseases, I would go so far as to say: in three-fourths of diseases of the knee-joint occurring in young women from fifteen to twenty-five, you will find, more or less palpably, the traces of hysteria; for even the presence of real disease of the joint is no guarantee or safeguard against the existence of some symptoms really attributable to hysteria.

I have never witnessed a more striking example of this remarkable malady than in the case I have just quoted of factitious paralysis. The girl is reported as suffering from confirmed palsy of the leg and arm. Palsy is attributed by most authorities either to some lesion, or to effusion of fluid on the membranes of the brain or spinal cord. But surely it is not very reasonable to attribute the absorption of such fluid, and the removal of all disease from the nervous centres, to the agents employed in the treatment of this girl. And if so, under what division is her case to be classed but under that of hysteria. Let us, then, in future be watchful lest, in other examples even if possible less palpable than this, we be not betrayed into the adoption of a principle, or the employment of an agent, unsuitable, if not prejudicial, to the recovery of our patient.

If we observe these cases critically, whatever our bias in favour of diseases of the vascular system, we shall detect some outlying symptom, some eccentric feature, that will carry us out of the direct channel of ordinary disease, and shake our faith in the efficacy of leeches, and of other local depletive agents. Local sedatives, applied in the form of the strong solutions of opium, appear to me valuable; and I advise you to employ them freely. As a sedative agent, the common tincture of opium is of little avail. You should resort at once to the extract of opium, which, in the semi-fluid form, is a valuable agent in most varieties of local pain of the neuralgic kind.

One word on the subject of these curious examples of infectious hysteria. To observe these phenomena on a large scale, we must resort to a large room, or the ward of a hospital or infirmary where women are congregated. If these women are young, one or two persons of more than usual sensibility are sufficient to infect the entire ward.

I remember, while a student, having the temporary charge of a ward of Mr. Abernethy, occupied at the time by a number of young women from eighteen to twenty-five years of age. Out of twelve patients, ten were affected at the same time with violent hysteria. The services of every available sister, nurse, and hospital beadle were called into requisition to control their violence and restore order in the ward. The disease spread from bed to bed irregularly till, at

one moment, nearly every patient in the ward succumbed to its influence. The violent struggles, and the remarkable muscular power displayed by some of these girls, while under the influence of the attack, required the co-operation of two or three persons to restrain them. To the best of my recollection, this curious scene of riot and disorder prevailed for two hours, and then subsided into calm. In the example I have alluded to as having recently occurred, the disease was only less extensive because the ward was chiefly occupied by women whose more advanced age placed them beyond its influence. It is readily controlled by stern authority. Kindness or gentle remonstrance is fatal. You cannot approach the disease by reason or argument. You must excite some powerful emotion in the patient's mind, to which this morbid condition will readily succumb if you can succeed in rousing it. Fear is the most effective agent; but, in the case of a vain woman, the gentler remedy of ridicule will suffice. If you would bring an attack to a sudden termination, you must operate through the mind, not through the body. These people are remarkably insensible to physical pain, but their ears are open to the powerful agency of ridicule. I remember the case of a young lady, in whose mind a sense of indignation was impressed by certain offensively-cutting remarks that moved her vanity to the utmost. She ceased to sob, the colour rushed to her cheeks, and she burst into a flood of natural tears. The disease had passed away. In all similar examples of hysteria, whether taken singly or congregated in sympathetic groups, kindness is thrown away; at least, it may tell for what it is worth, but it does not lead in the direction of cure. You will do far better if you can produce a shock on the mind, if you excite any powerful mental emotion, and still more efficiently if a painful one.—*Lancet*, March 12, 1859.

*Practical Clinical Remarks on the Surgical Diagnosis of Difficult Deglutition.* Delivered at University College Hospital by JOHN ERICHSEN, Esq., Surgeon to the Hospital:—

GENTLEMEN: The case to which I am desirous of directing your attention to-day is one of stricture of the œsophagus. Of this the following are a few of the leading points:—

Mary Ann B—, aged thirty-three, a native of Hertfordshire; for the last ten years a servant in London; unmarried. She has always been well nourished, and we cannot make out, from the history of the case, any constitutional disorder, or any hereditary tendency to cancerous or other tumours. Three years ago (in the latter part of 1855), the patient first experienced a little difficulty in swallowing solids. This after a time subsided, but again recurred, and increased up to the beginning of last December, when she became quite unable to swallow solid food. This difficulty in deglutition has since extended to soft and even to liquid substances; and she has noticed that the thicker the matter to be swallowed, the more difficulty did she experience, the more liquid slipping down with greater ease than others. Not only was there this difficulty in deglutition, but after she had apparently swallowed the food, it showed a tendency to return, and, in fact, did return into the mouth, by a process, I cannot say of rumination, but of simple regurgitation of the food, which had reached the point of constriction, but had not passed through it. This state of things so increased, that when I saw her first, when she was sent to me by my friend, Dr. Henry Bennet, she was utterly unable to swallow even water; she might, perhaps, get a few drops down, but the greater part, at all events, was rejected through the mouth and nostrils.

This case is a very interesting and important one. A woman, in the prime of life, is seized with great difficulty in swallowing in December, and before the beginning of January is brought to such a condition that there seems to be but one result to be looked for—namely, death by starvation—death, in fact, of the most horrible kind, staring her in the face, unless we can succeed in restoring the calibre of the canal, or in bringing the parts into such a condition that the patient may be enabled to nourish herself; for it is impossible that she can go on for any great length of time employing the means which we have been obliged to have recourse to, in order to prevent her from dying by starvation.

Now what is the local state that prevents deglutition in this poor woman? On examining the œsophagus, we found that we could pass nothing larger than a No. 8 gum-elastic catheter through the narrow, constricted portion of that tube. The stricture

is close to the commencement of the œsophagus, being opposite to or just below the cricoid cartilage; and its later development, at all events, has been very rapid. On careful examination, there is no sign of tumour to be met with in the neck, except some slight enlargement of the left thyroid lobe; and there is no indication, auscultatory or otherwise, of any intra-thoracic tumour compressing the œsophagus. The fauces also are natural and healthy in appearance. And, lastly, there is no expectoration of blood, pus, or muco-pus; nor does any hæmorrhage follow the use of the catheter. Our diagnosis, therefore, is, that this patient is suffering from simple stricture of the œsophagus.

So far as treatment is concerned, we are enabled, by passing a gum-elastic catheter (6 or 8), to inject, twice daily, good strong beef-tea, with eggs, and a certain quantity of port wine, and the patient has evidently much improved in condition since she came into the hospital. She suffers no pain, and no inconvenience beyond the difficulty in swallowing. On careful examination, we can make out no cause for this difficulty, except constriction of the œsophagus. But may not other conditions besides this give rise to difficulty in deglutition, or dysphagia as it is termed? Undoubtedly; and I have brought this case before you chiefly in order that I might have an opportunity of going over the different conditions which may give rise to difficulty in deglutition, the diagnosis of stricture of the œsophagus from the others, and of the various kinds of stricture from each other.

Now, there are at least eight different conditions met with in the neck and chest capable of giving rise to dysphagia by compressing the œsophagus, independently of any stricture of that canal—which are capable, in other words, of simulating stricture of the œsophagus, in so far as that they all give rise to the most prominent symptom of stricture—namely, difficulty in deglutition.

The first condition which I shall bring before you capable of simulating œsophageal stricture is the existence of tumours of various kinds connected with the pharynx. Putting out of consideration tumours of the tonsils, which would always be readily discovered, we may have polypus of the pharynx hanging down and offering obstruction to the passage of food. In all polypoid

growths connected with the pharynx (which, by the way, are exceedingly rare) you will be able to make out the nature, connections, &c., of the growth by drawing the tongue well forward, keeping it fixed with the tongue spatula, and passing the finger well down behind the root of the tongue; you can thus explore the pharynx, even below the root of the epiglottis, without much difficulty. But other conditions may exist; you may have a post-pharyngeal abscess between the posterior wall of the pharynx and the spine, possibly arising from caries of the cervical vertebra, or a post-pharyngeal tumour, as, for instance, a carcinomatous tumour, developing from the bodies of the vertebra, and pushing the pharynx forwards. The eye is often deceived in these cases, failing to detect the existence of an enlargement at the back of the pharynx; but the finger readily recognizes it. In the case of abscess you will feel fluctuation, and the dysphagia will be removed by opening the abscess and letting out the contents, and the solid or semi-solid and soft, or other feel of a tumour in this situation will enable you to give a very probable guess as to its nature. These, then, are the chief conditions connected with the pharynx, capable of giving rise to dysphagia, and which are liable to be mistaken for stricture.

Then, secondly, you may have difficult deglutition induced by some morbid condition of the larynx; as, for instance, œdema about the back of the epiglottis, or chronic œdema, ulceration, and thickening of mucous membrane there, or œdema about the rima glottidis, giving rise to a tendency for liquids to pass into the air-passages, and thus occasioning a serious impediment in swallowing, the difficulty in swallowing being attended with a feeling of spasm and suffocation. By passing the finger down behind the root of the tongue, the state of parts can often be felt; but the combination of dysphagia with a suffocative fit, and these probably associated with laryngeal cough, are the chief points to be attended to in the diagnosis.

A third condition, which may give rise to difficult deglutition, is the existence of tumours in the neck, outside the œsophagus, but compressing it; for example, enlarged glands or a carotid aneurism, developing posteriorly, as has been known to occur with the internal carotid artery, or a tumour connected with the thyroid body, tightly bound

down by the sterno-mastoid and fascia, and pressing backwards. All such growths may, by pressing on the œsophagus, give rise to dysphagia, and you will do well in all cases where that symptom is complained of to examine carefully the neck for tumours, which will generally be very readily detected, especially where the difficulty has existed for some time, and the person has become much emaciated from deficient nourishment.

A fourth cause of dysphagia is aneurism of the innominate artery. When this disease has risen into the root of the neck it is easily recognizable, but in certain cases it develops first in a direction backwards, and then one of the earliest symptoms is dysphagia. Indeed, the patient may suffer but little from any other symptom, and may apply to the surgeon for relief from it alone, quite unconscious of the existence of any serious disease. But, on close inquiry, in all such cases you will find that the dysphagia has been preceded by, and is accompanied with, a certain degree of dyspnoea, and usually of laryngeal irritation. This is owing to the recurrent laryngeal nerve, which lies between the artery and the œsophagus, suffering compression before the mucous canal can be influenced by the development of the aneurism. Besides these, there will be other symptoms of compression and of obstructed circulation; as, for instance, œdema of the hand and arm, a small pulse at the right wrist, and pains in the right upper extremity. In such a case, much danger might be incurred by at once putting an instrument into the œsophagus, under the impression that stricture existed; for the point of the catheter, or whatever instrument might be used, might perforate the sac of the aneurism, and so give rise to instant death. Examination by the eye, hand, and stethoscope will generally make out the existence of bulging of the right sterno-clavicular articulation, perhaps also of the upper part of the sternum and first two ribs, dullness in this region, pulsation, and bruit.

Fifthly, aneurism of the aorta, whether of the fusiform or sacculated variety, may give rise to difficulty in deglutition by pressure on the gullet. In this case also there is great danger of the aneurismal sac being pierced by an instrument passed down for the purpose of ascertaining the existence of stricture. Such a thing has happened to a surgeon; and although the affection will of



course terminate fatally of itself, and may very probably burst into the œsophagus, yet for a patient suddenly, while an instrument is being passed, to bring up an enormous quantity of arterial blood, and fall dead in a minute or so, is, to say the least, a very distressing occurrence. In these cases, we shall probably have dyspnoea, from the pressure of the aneurism on the trachea, or bifurcation of the bronchi, dulness on percussion, the ordinary stethoscopic signs of aneurism, and, especially in the sacculated variety, aching pain between the shoulders, radiating down the arms or round the chest, caused by the pressure of the sac against the spine.

Then, as a sixth condition leading to dysphagia, we have various other intra-thoracic tumours, such as enlarged bronchial glands, cancerous and other tumours developing from the thoracic spine into the posterior mediastinum, and so compressing the œsophagus. In such cases the diagnosis is very difficult. It is difficult enough to determine the existence of a tumour, but still more difficult to distinguish it from an aneurism undergoing consolidation; but dulness on percussion, and dyspnoea with dysphagia, together with fixed pain in or to one side of the spine, with neuralgia down the arms or up the side of the head, and a varicose condition of the superficial veins of the chest, are the signs on which we place our chief reliance in diagnosing the existence of a tumour. Indeed, in the diagnosis of aneurism of the aorta and of mediastinal tumour, I look upon the combination of dyspnoea with dysphagia, and fixed, wearing pain between the shoulders, as of the greatest importance.

A seventh cause for difficulty of deglutition is, dislocation of the sternal end of the clavicle backwards, whether merely a simple dislocation, or produced in consequence of excessive curvature of the spine. Of the latter kind there is at least one case on record, which is narrated by Sir Astley Cooper, in which the sternal end of the clavicle by its pressure so obstructed the passage of food, that the patient was brought into a condition of extreme danger. The surgeon under whose care the patient was, very skilfully and creditably sawed through and detached the sternal end of the clavicle, and thus relieved his patient from the imminent danger in which she was placed.

The eighth and last class of cases are

those in which deglutition is obstructed in consequence of the impaction of some foreign body in the gullet. Now, of course, if a man swallows such a thing as a piece of mutton bone, or the settings of artificial teeth, it generally lies across the gullet in such a manner as to be easily felt by the surgeon on passing a probang; but there are other cases in which a foreign body becomes lodged in such a way as to escape detection and removal. Some years ago I was requested to see a patient who was said to have swallowed a piece of gutta percha. He had, it appeared, in consequence of having lost several teeth, endeavoured to construct an artificial masticatory apparatus for himself, which had become loose, and he had accidentally swallowed it. A few days afterwards, finding that deglutition continued difficult, he consulted a very able surgeon, who carefully examined him; but not detecting any foreign body, he considered that the piece of gutta percha had passed into the stomach, and that the œsophagus had been scraped by it in its passage down. Inability to swallow solids came on. I saw him six months afterwards. The question then was whether the foreign body was still impacted in the œsophagus, or whether the symptoms arose from damage inflicted on that tube. I examined the œsophagus most carefully, but failed, as other surgeons had previously done, to discover the existence of any foreign body. I thought, I confess, that the œsophagus had been injured in some way, and that probably epithelioma was developing itself, and would, sooner or later, prove fatal. At all events, the case did end fatally; for one day, while at dinner, the patient suddenly vomited a large quantity of blood, and fell down dead.

On examination after death, we found that the piece of gutta percha had formed for itself a bed in the wall of the œsophagus, lying parallel with the inside of the tube, and that the ulceration of the mucous membrane caused by its presence had opened some œsophageal vessels—which, we could not ascertain (it was not, however, either the carotid artery or jugular vein); thus giving rise to the copious and sudden hemorrhage which had caused the patient's death. The surface of the gutta percha which looked into the œsophagus being constantly covered and smoothed over by mucus, and being protected, as it were, by a rim of swollen mucous membrane all around it,

had allowed the probang to pass easily without its presence being detected.

These, so far as my experience goes, are the eight conditions which are likely to simulate stricture of the œsophagus; and such are the points to be attended to in the diagnosis of these affections from each other. With regard to their diagnosis from stricture, the process is rather a negative than an affirmative one, proving the absence of tumour, aneurism, &c. You come by a process of exclusion to the conclusion that the difficulty in deglutition can arise from no other cause than stricture, and finally ascertain the situation and extent of this by exploration with a gum-elastic catheter or bougie. But, having ascertained the existence of a stricture, there are still three forms of that affection which it is necessary to distinguish from each other, inasmuch as they differ greatly in the mode of treatment, and in the ultimate result. These are—

1st. The hysterical or spasmodic stricture.

2d. The fibrous stricture.

3d. The carcinomatous stricture.

The hysterical or spasmodic stricture is met with chiefly in young females under twenty-five, though it may occur in much older persons of the hysterical temperament. One great point to be attended to is, that the stricture is generally high up, in the pharynx, rather than in the œsophagus, being produced by the contraction of the constrictor muscles of the pharynx. Another point is, that the dysphagia is intermittent—that is to say, when the patient's mind is allowed to dwell long on the affection, and she gets anxious about it, then the difficulty is greatly increased; whilst at other times, when her thoughts are diverted from it, food passes easily. You will find also, in these cases, that on attempting to pass a probang or large bougie, you will at first find its progress resisted, but by patiently and gently pressing down upon the stricture, the instrument will soon pass easily. These points, taken in conjunction with the age and temperament of the individual, will leave no doubt as to the nature of the affection.

But there are two kinds of organic stricture of the œsophagus—namely, the simple and the malignant—between which the diagnosis is often very difficult; because strictures originally fibrous sometimes degenerate into or assume a malignant form;

but others continue fibrous from the first, and others, again, carcinomatous. Generally, on passing an instrument, we shall find that in the simple or fibrous stricture it passes smoothly, and gives no sensation of roughness, no feeling of lacerating its way, or as if it were passing over an ulcerated surface; no blood follows its withdrawal, and the patient does not bring up pus, or pus and blood, though there may be copious mucous discharge. There is no material enlargement in the neck, no swelling of the cervical glands, no sign of the cancerous cachexia.

In the malignant or carcinomatous stricture, on the other hand, the instrument seems to pass over a rough and ulcerated surface, its introduction is followed by blood, and the patient coughs up blood, or blood and pus, mixed often with shreds of tissue—conditions all indicating a loss of substance. There is also, generally, an ovoid or elongated swelling at the root of the neck; the neighbouring glands may be affected; there may be cancerous tumours elsewhere, and the symptoms of the cancerous cachexia may be present. Bear in mind, however, that a fibrous stricture may degenerate into a malignant one—into epithelioma, though, perhaps, not into scirrhus or encephaloid.

The treatment of stricture of the œsophagus will depend upon its nature. In the hysterical variety, the occasional introduction of a full-sized œsophagus bougie, the application of belladonna to the neck, and anti-hysterical treatment generally, iron, aloetics, douches, and diverting the patient's mind from her malady, are the means to be employed. In such cases Dr. Garrod, as you may have seen in an instance at present in the hospital, has very advantageously employed large doses of assafœtida.

The treatment of organic stricture is more difficult. In the fibrous stricture, the only chance of benefit lies in dilatation by gradually increasing bougies, and by this means great good may be effected. We may vary the mode of dilatation. Thus we may adopt the plan of M. Trousseau, who coats the end of a catheter with sealing-wax, so as to be just small enough to pass through the stricture, and by increasing the thickness of the coating of sealing-wax from day to day so dilate the stricture. Another plan is that of Dr. Arnott, which consists in dilatation by means of fluid pressure. This method promises very beneficial results, at least

more so than any other (though I have tried it in one or two cases without much benefit), and I intend to employ it in this case. In cancerous stricture, there is little to be done beyond keeping the patient comfortable, and sustaining life as long as possible.

There is only one other point of treatment which I have to mention, and that is the proposition lately made to open the stomach in cases of confirmed stricture of the œsophagus, and feed the patient in that way. But this is one of those extremely heroic measures which are more easily proposed than carried into practice. In ninety-nine cases out of a hundred it would probably at once put the patient out of his misery in a very summary, though a perfectly surgical, manner; and if he recovered the immediate effect of the operation, his life would, probably, be a burden to him; irritation of the stomach would, doubtless, soon be set up, and where the stricture is of a cancerous nature, life would soon be destroyed by the cancer itself.

Should the stricture at last become so tight as no longer to allow the catheter to be passed, and food thus injected into the stomach, the patient must inevitably die of inanition, unless kept alive by nutritive enemata. By these means I have known life prolonged, by a frail tenure it is true, for many weeks. In such cases it is an interesting physiological fact, that although the patients may continue to be moderately well nourished, and do not feel the pangs of hunger, they suffer excessively from thirst.—*Lancet*, March 26, 1859.

#### SANITARY AND SOCIAL SCIENCE.

*Sanitary Improvements.*—These are urged forward, at present, in England with the utmost zeal and perseverance. The following petition which is about to be presented to the Parliament of Great Britain, sets forth in such forcible language the strong points of this subject that we are induced to publish it in hopes of stimulating a similar movement in this country:—

"The petition of the undersigned inhabitants of, &c. &c., humbly sheweth, That a large amount of preventable sickness, infirmity, and mortality now exists in the several towns and districts of England, even where the rate of mortality is comparatively low.

"That such preventable disease inflicts upon the community an immense pecuniary loss, far exceeding the highest estimate of the cost of proper measures of prevention; that it leads to moral and social degradation, to pauperism, and crime; and to the increase of a stunted, ill-developed, and degenerate population; and that its various causes are at present but imperfectly understood, even by those who have paid the most attention to the subject.

"Your petitioners therefore pray that your Honourable House will be pleased to re-enact the public health act of 1858, with its essential provisions intact, and with such amendments as shall enable Her Majesty's government to make searching inquiry into all cases of excessive local sickness and mortality, and to report whether adequate means of prevention are employed by the constituted local authorities.

"Your petitioners likewise pray that your Honourable House will be pleased to enact such further measures as shall establish a permanent, universal, and effective system of investigation, with periodical reports, by local scientific officers in independent position, respecting the amount, the nature, and the causes of prevalent diseases, with reference especially to the crowding of population, the condition of dwellings, the adulteration of food, &c., the impurity of water, the effects of various kinds of occupation, the execution of preventive measures, and any other matters which affect the health and physical welfare of the poor, who are the chief sufferers from preventable disease, and whose interests are unrepresented in the local boards constituted for parochial or municipal government."

*The Seeds of Consumption.*—The terrible mortality caused by bronchitis, pneumonia, and consumption, which together kill—in England and Wales only—a hundred thousand people every year (being one-fourth of the entire mortality from more than a hundred other causes in addition to themselves), should make us think a little seriously of many things, and not least seriously of the freaks of fashion which set climate at defiance. Why do we send children abroad in damp and cold weather with their legs bare, submitted, tender as their bodies are, to risks that even strong adults could not brave with impunity? Custom has made this matter appear familiar and trifling, but it is

not out of place to say, at the beginning of another winter, that the denial to young children of proper skirts to their clothea and warm coverings to their legs has sown the seeds of consumption in thousands and thousands, and is, of many dangerous things done in obedience to laws of fashion, the one that is most thoughtless and most cruel. It is in the child that consumption can most readily be planted—in the child, that when the tendency exists, it can be conquered, if at all. It is to be fought against by protecting the body with sufficient clothing against chill and damp, by securing it plenty of wholesome sleep—not suffocative sleep among feathers and curtains—plenty of free ablation without prejudices on behalf of water, icy cold, plenty of cheerful exercise short of fatigue, plenty of meat, and bread, and wholesome pudding. Those, indeed, are the things wanted by all children. Many a child pines in health upon a diet stinted with the best intentions. But the truth is, that it is not possible to over-feed a child with simple wholesome eatables. It can be stimulated to excess in the demolishing of sickly dainties; and, with a stomach once fairly depraved, may be made incompetent to say when it has had too little or too much. But a child fed only upon wholesome things knows better than any mamma can tell when it wants more; it can eat a great deal; has not only to maintain life, but to add height and breadth to stature. Fortify it, then, against variations of climate, by meeting freely the demands of its body; give it full animal vigour to resist unwholesome impressions. Especially let the good housewife, who has a young family to feed, learn to be utterly reckless as to the extent of her milk-score. Somebody has declared a pint of milk to contain as much nourishment as half a pound of meat. Be that as it may, it is the right food for little ones to thrive upon, and may save much subsequent expenditure for cod-liver oil.—*Dickens Household Words.*

*Adulteration of Food Bill.*—M. SCHOLEFIELD has renewed, in the House of Commons of England, his useful bill "for preventing the adulteration of articles of food or drink." It imposes a penalty of so many pounds (not yet fixed) on every person vending or exposing for sale any article of food or drink with which, to the knowledge of such person, any noxious ingredient has

been mixed. More than this, the offender will be, so to speak, pilloried, to the utter ruin of his reputation, by the publication of his name, residence, and offence (at his own expense), in the newspapers or otherwise, at the discretion of the magistrates. Vestries and district boards and town councils are authorized to appoint analysts, such as Dr. Hassall—that is to say, men possessing competent medical, chemical, and microscopical knowledge. Purchasers of provisions may have their purchases (of food and drink) analyzed by these officials on payment of a fee 2s. 6d. to 10s. 6d., and the certificate of the analyst will be made evidence against the fraudulent vendor. The Privy Council is empowered to cause analyses to be made, and to regulate the use of materials or ingredients distinct from the natural composition of any article of food or drink with which it may be mixed. Thus chicory, used to adulterate coffee; *coccus indicus* and treacle, used by brewers to adulterate porter; red lead, used to make "cayenne pepper;" vitriol, used to counterfeit acetic acid, or vinegar; and logwood, used in the manufacture of "port wine," would naturally come within this category. The act is not to extend to either of the sister kingdoms.—*Med. Times and Gaz.*, March 5, 1859.

*Infant Hygiene.*—A society which has been organized under the title of the "Ladies' National Association for the Diffusion of Sanitary Knowledge," is issuing tracts on matters relating to health, written in a simple style, and published at a cheap rate, so as to be easily procured and understood by all classes. Among them we meet with four relating specially to the management of infants; bearing the titles, respectively, of—*How to Manage a Baby*; *How to Feed a Baby with the Bottle*; *The Evils of Wet Nursing—a Warning to Mothers*; and, *The Evils of Perambulators—a Word to Mothers*. The precepts laid down in these are in close accordance with the dictates of nature; and, if they are followed, it may be confidently expected that much both of the disease and of the mortality among children, which now is a disgrace to our civilization, will be prevented. From the tract, *How to Manage a Baby*, we take as a specimen the remarks on walking.

"People talk about 'teaching babies to walk'; but babies do not need teaching, for

they will be sure to get up and walk, when their legs are strong enough, and it does them harm to do so before; in this, as in very many other things, babies would be all the better for being left to themselves. But this does not suit some mothers who are in a hurry to see their children walk; such mothers cannot rest content without putting their children into leading strings, or garters, or leading them with the hand. All that they generally get for their pains is the sight of their children's bandy legs and crooked ankles, caused by being forced to walk before their time. Who would be a baby?

"But, though baby should not be hurried in walking, it should be allowed to keep moving all day long, while it is awake, for the limbs cannot get strong unless they are used. The best plan is, to put a piece of soft matting and a piece of carpet on the floor, and put baby down upon them to stretch, roll, and tumble about like all other young creatures. If it has a ball or a rag-doll to crawl about after, it will be 'as happy as the days are long,' and will, besides, be very little trouble, and be making its limbs strong, ready to walk by and by. It is a great pity to accustom a baby to be nursed, for it only does it harm, and gives the mother a world of trouble into the bargain. . . . In the summer, it is a good plan to spread the matting and carpet on the grass in the garden, and put baby down on them, to use its limbs in the pure air and light. In short, wherever it is, and whatever it does, it should keep moving all the time. The birds, the beasts, the fish, and the creeping things are scarcely ever still five minutes together in the day time. Moving brings life and health to all things, babies among the rest."

The tract from which we have made this extract, contains, also, advice arranged under the heads of Washing, Dress, Food, Cutting the Teeth, Sleep, Going Out-doors, Talking, Vaccination, and Physic. Under the latter head, mothers are sensibly advised "to learn to keep themselves and their children well, and leave the curing illness to those who understand it."—*Sanitary Review*, January, 1859.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Medical Convention for Revising the Pharmacopœia of the United States.*—The Medical Convention for revising the Pharmacopœia, which met at Washington in May, 1850, provided for assembling a convention for the same purpose, in the year 1860, by the following resolutions:—

"1. The President of this Convention shall, on the first day of May, 1859, issue a notice requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general convention, to be held at Washington on the first Wednesday in May, 1860.

"2. The several incorporated bodies thus addressed shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labours, through their delegates, or through any other channel, to the next Convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of this Convention the names and residences of their respective delegates as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1860."

In accordance with the above resolutions, the undersigned hereby requests the several bodies mentioned to appoint delegates, not exceeding three in number, to represent them in a convention for revising the Pharmacopœia of the United States, to meet at Washington on the first Wednesday in May, 1860; and would also call the attention of these bodies to the second and third resolutions, and request compliance with the suggestions therein contained.

GEO. B. WOOD,

*President of the Convention of 1850.*

PHILADELPHIA, May 1, 1859.

N. B.—Medical and pharmaceutical journals will please copy the above notice.



*The Northern Dispensary of Philadelphia for the Relief of the Poor.*—We have received the 41st annual report of this very useful institution, from which we learn that during the year ending December 1, 1858, there were under care 9,139 patients, viz:—  
 Remaining under care from last year 99  
 Admitted since . . . . . 9,040

Of whom were attended at the Hall of the Institution . . . . . 7,593  
 Whole number cured, relieved, and unknown . . . . . 8,770  
 Whole number died . . . . . 77  
 " irregular . . . . . 177  
 " remaining . . . . . 115

*Lying-in Department.*—During the year, 62 lying-in patients were recommended to the care of the Dispensary—of whom 46 were attended, 5 remaining, and 11 not attended.

Result of 46 cases; all the mothers recovered. Of the children (one case of female twins), 26 were males, 18 females, and 3 sex not reported; stillborn, 4; living, 43.

*Rush Medical College.*—Drs. H. A. Johnson, Professor of Physiology and Pathology; N. S. Davis, Professor of Principles and Practice of Medicine and Clinical Medicine; and W. H. Byford, Professor of Obstetrics and Diseases of Women and Children, in this school, have resigned their respective chairs.

*New Medical College at Chicago.*—A new medical faculty is now in the course of being organized, under the charter of Lind University. The chairs, it is stated, will be filled as follows: Practice of Medicine, by Prof. N. S. Davis; Physiology, Prof. H. A. Johnson; Surgery, Prof. E. Andrews; Surgical Anatomy, Prof. Isham; Obstetrics, Prof. W. H. Byford; Chemistry, Prof. Mahla; Descriptive Anatomy, Prof. Hollister. The chairs of Pathology, Materia Medica, and Practical Anatomy yet remain to be filled.

The plan of this college, as proposed, differs from that of other colleges in this country. In the first place, the students are to be divided into Junior and Senior classes. The Junior class will listen to lectures upon the elementary branches only; such as Anatomy, Physiology, etc. They will have

only four lectures each day, and be subjected to daily examinations on the previous day's topics; in these respects adopting the excellent practice of the University of Michigan. At the close of the session, the Juniors will be examined upon their Junior studies, and, if found worthy, passed to Senior grade.

At the same time that the Juniors are listening to lectures upon the elementary department, the Seniors will be attending lectures upon the practical branches; such as practice, surgery, obstetrics, etc., the number of professors being so increased above the usual number as to enable them to carry on both classes simultaneously.

The following scheme represents the curriculum of study:—

#### *Junior Lectures.*

Descriptive Anatomy.  
 Physiology.  
 Pathology and Public Hygiene.  
 Materia Medica and Therapeutics.  
 Inorganic Chemistry.  
 Practical Anatomy.

#### *Senior Lectures.*

Theory and Practice, and Clinical Medicine.  
 Surgery and Surgery Clinic.  
 Obstetrics.  
 Surgical Anatomy and Operation of Surgery (shown on dead subjects).  
 —*Peninsular and Independent Medical Journal*, April, 1859.

*Chicago Medical Journal.*—Drs. N. S. DAVIS and W. H. BYFORD have retired from the editorship of this journal, which has been assumed by Dr. Daniel Brainard.

## FOREIGN INTELLIGENCE.

*Alarming Effects Produced by Inhalation of Chloroform—Tracheotomy—Recovery.* By Prof. LANGENBECK.—A man, aged 58, of meagre aspect, but who had enjoyed good health, was admitted into the Berlin Clinic in order to undergo the extirpation of a tumour deeply seated in the upper part of the cervical region. On January 17, he was laid on the operation-table and carefully chloroformed. Two drachms of chloroform had not been employed when the patient became restless, his face being of a dark red, and his respiration laboured. The face was sprinkled with cold water, ammo-

nia was applied, and the respiratory movements maintained by pressing the diaphragm upwards. There was a regular and well-developed pulse; but the respiratory movements becoming more and more feeble, entirely ceased after a few minutes. The lower jaw was pressed down with some difficulty, and a large silver catheter introduced, the point of which was felt by the finger to have passed an inch within the larynx. On insufflating through this catheter, very slight distension of the thorax was produced, the air for the most part returning by the side of the catheter with a gurgling noise. During this experiment the pulse became first feeble and irregular, and then ceased some two minutes later than the respiratory movements. The countenance assumed a completely cadaverous appearance; the lower jaw sank, and the hitherto strongly contracted pupils of the widely-opened eyes became somewhat dilated. While all the bystanders were convinced that a dead body lay there, the author at once made an incision through three rings of the upper part of the trachea with a common scalpel, and kept the edges of the wound wide open by means of hooks. So completely was the circulation arrested, that not a drop of blood flowed during this rapidly executed operation. A large elastic catheter was introduced down to near the bifurcation of the trachea, and while the edges of the wound were brought close around it artificial respiration was kept up through this. When inspiration and expiration had thus been imitated from six to eight times, the pulse returned, at first weakly, irregularly, and disappearing for a time; but after a while, under a continuance of the artificial respiration, becoming stronger and more regular. Some blood now flowed from the wound and entered the trachea, but neither it nor the catheter excited any irritation therein. While the edges of the wound were kept asunder by Burow's spring forceps, the various means of restoration, as friction, sprinkling with water, etc., were uninterruptedly continued, the rekindled life threatening every instant to expire. The countenance retained its doubtful aspect, and one of the pupils of the widely-opened eyes was considerably more dilated than the other. Pinching the skin of the thorax excited reflex contractions of the upper extremities, but produced no movement of the countenance. Galvanism, too,

applied by means of a rotatory apparatus to the chest and neck, only excited similar movements of the upper extremities. After these restorative procedures had been continued for nearly an hour and a half, the first paroxysm of coughing occurred, expelling bloody mucus from the wound. The patient having now been brought back to his ward, violent contractions of the extremities and muscles of the face, sometimes clonic, sometimes tetanic, together with gnashing of the teeth, made their appearance. The pulse, however, was regular and about 90, and respiration was performed freely through the wound, interrupted occasionally by cough and expulsion of blood and mucus. Whenever the forceps were removed from the wound, however, it became very laboured. Consciousness was still absent, the eyes remaining open and fixed, and the left pupil still the most dilated. There were no signs of paralysis of the motor apparatus indicative of cerebral effusion; and after the cessation of the spasmodic movements, the incessant, though unconscious, efforts made by the patient to leave the bed, compelled the application of a waistcoat. Under the conviction that the chloroform poisoning had here induced cerebral irritation, cold was applied to the head, and a large sinapism to the epigastrium, strong coffee being injected into the stomach, and a musk glyster administered. Quietude for some time ensued, and when the restlessness returned four grains of musk and two of opium were again given as an enema. A good night's rest followed, and the patient awoke perfectly well, no traces of the influence of the chloroform remaining. The respiration was now quite free when the wound was closed, and the pulse, between 85 and 90, was regular and strong.—*Med. Times and Gaz.*, March 12, 1859, from *Deutsche Klinik*, 1859, No. 4.

**Punch on Homœopathy.**—Mr. PUNCH is accustomed to receive letters and treatises, imploring him not to call homœopathy fudge, and some of them attempting to assign reasons why he should not. In all these communications, the medical opponents of homœopathy are called "allopathists." "Allopathist," as contradistinguished from "homœopathist," of course means a person who treats diseases with other medicines than those which produce similar diseases, that is, who endeavours to cure unlike with unlike, instead of endeavouring to cure like

with like. Who are the allopathists? Mr. Punch has an extensive medical acquaintance, but he does not know any. No intelligent medical practitioner attempts to cure diseases in general with specific medicines of any kind. There are very few such medicines known to the medical profession. The principle on which diseases, for the most part, are treated by rational and scientific physicians and surgeons is that of removing impediments to the natural process of recovery, or that of assisting the curative efforts of nature, not necessarily, and not always, by causing people to swallow drugs. When drugs are given by such practitioners, they are generally given with a view to their indirect influence on disorders. For instance, the combination popularly known as the "black and blue reviver," which directly affects internal parts of the trunk, may be "exhibited" for the relief of a headache, or for the removal of an inflammation of the great toe.

Professor Holloway is perhaps an allopathist; however, he does not tell us on what principle his pills and ointment cure all diseases. The various doctors who advertise their patent medicines in the quacks' corners of newspapers of the baser sort, may be allopathists also; and likewise the medical profession possibly contains a few fools or impostors who are so describable. But the few specifics used in the ordinary practice of physic may absolutely even act on the homœopathic principle, that "like cures like;" thus differing from homœopathic doses only in not being infinitesimal, and, Mr. Punch supposes, in being efficacious.

In none of the communications about homœopathy received by Mr. Punch is there anything like scientific proof that infinitesimal globules produce any other than infinitesimal effects. Cases of alleged cures, subsequent to the swallowing of these globules, prove nothing, until they amount to enormous numbers. Professor Holloway, and Messrs. Du Barry & Co., adduce plenty of such proofs; perhaps not fictitious. Mere swallowing and cure can be connected as cause and effect only by immense clouds of cases in which the cure is almost the invariable sequence of the swallowing. It does not signify whether the thing swallowed is a great bolus or a pill of the size of a pin's head, containing an invisible dose.

Quinine is acknowledged, on the strength of a vast accumulation of evidence, as a re-

medy for ague. It cures ague in one grain, two grain, three grain doses. Will quinine, or anything else, in infinitesimal doses, cure ague as obviously in an equal number out of a vast multitude of cases? Will an infinitesimal quantity of sulphur exert any curative influence on that cutaneous affection which delicacy expresses by the euphuism of the Caledonian violin?

Mr. Punch's homœopathic friends seem to forget that statements of facts which are contradictory to common sense and received science, require rigid proof. None of them propose any method by which the active properties of an infinitesimal globule can be demonstrated. Neither homœopathists, nor mesmerists, nor spiritualists, either offer or accept the test of any *experimentum crucis*; and when Mr. Punch asks for it, they answer by abuse, and the comparison of themselves to Galileo, and those who laugh at them to the inquisition.

*Quackery in Paris—The Black Doctor.*—The Paris correspondent of the *Medical Times and Gazette*, under date of March 7, writes:—

"In medical circles, and indeed among all classes of the French metropolis, Dr. Vriès, better known under the name of the 'Docteur Noir,' forms the almost universal topic of the day. Is this Dr. Vriès a charlatan, and his system consequently an immense hoax; or is he really a scientific man, and the discoverer of a remedy for a disease, which up to the present time has continued an opprobrium to the healing art? are questions which in a few short months will be finally and decisively answered. The opportunities which have been publicly accorded to him of establishing his claim to be considered perhaps one of the greatest benefactors of the human race, are, through the instrumentality of M. Velpeau, such as no charlatan (if such indeed he be) ever before enjoyed; and should the experiments he is at present engaged in prove successful, M. Velpeau will be equally entitled to the gratitude of the world, for having laid aside for a time his preconceived notions, in order that a great and important fact might have an opportunity of being publicly proclaimed. Nor will the utter failure of M. Vriès diminish our sense of gratitude to M. Velpeau; because by the frankness and generosity of the latter a notorious system of imposture and humbug will be most effectually demo-

lished, and its author will consequently be condemned for the future to speculate only on the credulity of the ignorant. I have all along believed that M. Velpeau was actuated by no other motive than the love of truth, when he invited the 'black Doctor' to a clinical competition in the treatment of cancer; and if I am correct, he is entitled to the utmost praise. But not a few of his professional brethren, without calling in question his motives, consider that his conduct has, to say the least of it, been rash and inconsiderate; and that his acknowledgment of Vriès, by inviting him to his wards, was an honour to which the position and precedents of the latter did not entitle him; and further, that it was giving him a footing in the estimation of the world, which he might turn to his own advantage, to the detriment of the honest practitioner, and, what is worse, to the mortal disappointment of many an unfortunate sufferer.

"These very evils, which certainly M. Velpeau did not foresee, are now beginning to develop themselves. Scarcely had the noise of the *pretended* cure of M. Sax (for cure M. Velpeau does not yet consider it) ceased to ring in the ears, when forth comes another statement (by whom made or in what quarter it originated it is not difficult to divine) to the effect that the 'Administration des Hôpitaux' (and not M. Velpeau on his individual responsibility) had actually invited M. Vriès to undertake, in the wards of 'La Charité,' the treatment of certain diseases deemed incurable by the ordinary surgeons of that institution. Not content with this glaring perversion of the truth, M. Vriès, or some one interested in him, has caused to be inserted in some of the public journals certain paragraphs, wherein we are informed that his success in the hospital is beyond a doubt, sundry of the cases under his care showing not only marked symptoms of amendment, but inspiring the most sanguine hopes of complete recovery. M. Velpeau, who has all along been carefully watching the progress of these cases, and who has not been able up to the present moment to discover the slightest improvement in any one of them, was naturally much irritated by these falsehoods, and on last Thursday morning he attacked M. Vriès in no measured terms, while the latter was engaged at the bedside of one of his patients, and a scene ensued such as I never before witnessed in the wards of a hospital. Really

it was painful and undignified, and yet, at times, it bordered on the ridiculous. Velpeau accused Vriès of wilfully perverting the truth, both in verbal declarations, and in newspaper paragraphs; of bribing the patients to conceal their real feelings in replying to the questions of medical men who visited them, and of having recourse to many other base subterfuges, with a view to the concealment of the truth, and the establishment of his own popularity. 'You were invited here, sir,' said M. Velpeau, 'in order that your system might be fairly tested; and on your accepting the invitation it was expected that you would act with a certain amount of honesty and good faith. This you have not done, and it remains for me now to assure you that I will not be your dupe. You, with great assurance, told me that you would cure all the cases which were then put under your care; but you have not succeeded in producing the slightest amelioration in any one of them; and what is more, I feel justified, from what I have observed, in adding that you will not cure one of them.' M. Vriès retorted by denying the charges made by M. Velpeau, and declared that the latter, through his 'internes' and nurses, had thrown every possible obstacle in his way; and that, should the same unjust treatment be persevered in, he would leave the hospital, and transfer all the cancer patients to a 'Maison de Santé,' where he would maintain, treat, and cure them entirely at his own expense. We should be sorry indeed were M. Vriès to carry his threat into execution, as, by his so doing, the very end M. Velpeau has in view would be most certainly defeated. In a large public institution like the Hôpital 'La Charité,' with the eyes of scientific men constantly on him, M. Vriès must, and assuredly will, soon be judged according to his merits or demerits—there, certainly, the truth will be made manifest. But if M. Vriès has recently had his troubles in 'La Charité,' he has not been altogether free from annoyance at his own home. Denounced by some *kind friend*, his domicile was rudely invaded the other day by a Commissaire de Police and his satellites, who 'de par la loi sans cérémonie,' laid an embargo on his goods and chattels, his instruments and his stuffs, accusing him at the same time of an illicit exercise of a sacred profession over which the State had thrown its mantle of protection against charlatans,

impostors, and, indeed, all men not duly authorized by the licensing powers of France. The poor doctor, whose assurance and self-importance are quite in keeping with the mission which he believes he was sent into the world to fulfil, waxed exceeding wrath, and, bounding like an angry tiger from one end of the room to the other, threatened to annihilate the presumptuous official and his gang. He declared that he was no charlatan; and throwing open the folding doors which communicated with the antechamber where his patients happened to be assembled; he exclaimed: 'There, gentlemen, are the living monuments of my science, and there the evidence of the healing virtue of my medicine.' In this motley crowd of patients, comprising individuals of all classes of society, and representing almost every variety of incurable disease, there chanced to be one whose good fortune it was to enjoy imperial favour, and whose face was not unknown to the police agent charged with the *razzia*. This party, overflowing with gratitude for the relief, real or imaginary, which he had experienced at the hand of Dr. Vriès, generously took upon himself the office of mediator, and finally succeeded in obtaining from the Chief of the State permission for him to continue the practice of his art for twelve months, together with a promise of a continuance of the privilege in the event of the experiments he is at present engaged in having a successful issue. \* \* \*

"His house is crowded with patients from morning to night, and his receipts are said to be enormous. Whether from a conviction that the gratitude of a patient is greater under a promise of certain cure than after the cure has been effected, we do not pretend to say; but acting, we presume, in the belief of the former, he insists on being paid before commencing the treatment."—*Med. Times and Gaz.*, March 12, 1859.

From a later journal we learn that M. Velpeu has made the *amende* for the false step he took in admitting into his wards a negro adventurer. In giving to the French Academy of Medicine an account of the failures of this charlatan, M. Velpeu said—

"If I had known that trials such as these of mine had been made with a negative result, by the same individual, at the Cancer Hospital in London; that he had done the same in the practice of M. Bazin at the Hospital St. Louis; if I had known of the mystic

lucubrations of M. Vriès in the famous temple of the Champs Elysées—I certainly should not have taken the trouble to examine pretensions of such a stamp; but, ignorant of these details, and partly trusting to the good faith of these persons, I had the weakness to listen to them, and to open to them the doors of an honourable institution."

Sixteen patients were placed under the care of this empiric. One died at the end of ten days; in all the others the cancerous tumours have continued to increase in size and to multiply in number; and at the end of two months the patients are in as sad a state as though no treatment whatever had been adopted.

*Antidote for Phosphorus.*—Poisoning by phosphorus is becoming common from the facility of procuring lucifer matches. It is, therefore, important that the antidote which has of late been found the most efficacious should be extensively known.

Messrs. Antonielli and Borsarelli have shown, by numerous experiments on animals—

1st. That fatty matters should not be employed in poisoning with phosphorus, as these matters, far from preventing its action on the viscera, on the contrary, increase its energy, and facilitate its diffusion through the economy.

2d. That calcined magnesia, suspended in boiled water, and administered largely, is the best antidote; and, at the same time, the most appropriate purgative to facilitate the elimination of the toxic agent.

3d. That acetate of potash is extremely useful when there is dysuria in poisoning with phosphorus.

4th. That the mucilaginous drinks which are given to the patient should always be prepared with *boiled water*, so that those beverages may contain as little air as possible.

*Electricity as an Anæsthetic.*—At a meeting of the College of Dentists of England held to discuss the question of electricity as an anæsthetic agent in dental operations, the meeting was crowded to excess with members of the medical and dental professions, and other scientific men, all of whom took a deep interest in the proceedings. Mr. Peter Matthews, President of the College, occupied the chair. The president opened



the debate with an address on the various anæsthetic agents used in surgery, and ultimately came to the question: Is electricity an anæsthetic or is it not? He (the president), after a long and careful experience, had no alternative left but to answer that question in the negative. He then related with great precision the details of various cases of extraction of teeth, in which he had employed galvanism, but explained that although the result was, in some instances, modified from ordinary tooth-drawing, he could not admit that in any instance had the pain of extraction been abolished. In certain peculiar cases indeed (cases where the elastic tissue which connects the tooth with its socket, the tooth periosteum, is inflamed and painful), the application of galvanism in extraction adds to the pain of the operation. Mr. Matthews then described the different modes of applying the electric current, and concluded by expressing his opinion, that in our present state of knowledge, electricity could not be considered as an anæsthetic agent. Dr. Purland, Mr. Weiss, Mr. Lobb, and Mr. Perkins, joined in the discussion, the tenor of their experience being consonant with that of the president. It was clearly the general feeling that galvanism in tooth extraction acts only by producing a diversion of pain, not by causing insensibility.—*Med. Times and Gaz.*, Oct. 16, 1858.

*Spontaneous Post-Mortem Accouchement.*—In the *Vierteljahrsschrift* is given a case of this kind. The mother, a strong healthy peasant, had been forty hours in labour when M. Frentrop was called to her. The midwife had in vain attempted turning. The doctor also attempted it, and failed on account of the violent contractions of the uterus. The woman eventually died twenty-four hours later undelivered. The woman was then laid out; and when they came to bury her twelve hours afterwards, a child was found forced out of the womb, and lying between the thighs of the mother; the placenta was unattached. The physiological fact, though not new, is interesting; but the practice of the doctor must have been very disgracefully defective.—*Ibid.*, Feb. 12, 1859.

*Simulated Diseases among Prisoners.*—Some simulate so pertinaciously that they succeed in tiring out the authorities of the prison. There is now one very remarkable case of this kind, that of a man sentenced to

eighteen months' hard labour, who from the time he came into the prison has pretended to have lost the use of his limbs, and who, in consequence, lies alone in his cell night and day. The surgeon advised the visiting justices that he had no doubt of the prisoner being in perfect health, and on examination they were of the same opinion. They were, however, unwilling to sentence him to corporal punishment until he had been examined by another surgeon, and Mr. George Fergusson was called in, and he reported that he could see no symptom of any ailment about him, and that he simulated very badly. He was thereupon ordered to be flogged, but that had no effect, and he continues in the same condition night and day, lying either on the floor or upon an iron bedstead. He has thus fairly beaten the authorities, who are unwilling to repeat the corporal punishment, although perfectly satisfied that he is imposing upon them; at all events, his prospects for the next eighteen months are not very cheering, and it would seem that he is rather making his sentence more disagreeable than it need be. He is clearly a foreigner, from his accent, though he persists that he comes from Aberdeen.—*Ibid.*, Feb. 5, 1859.

*The Remains of Hunter.*—The Dean and Chapter of Westminster Abbey gave permission to the council of the Royal College of Surgeons of England to re-inter the remains of JOHN HUNTER in the Abbey, remarking "they shall be proud to be the guardians of the ashes of so great a man." The re-interment accordingly took place on the 28th of March. A list of subscribers for a statue to Hunter has been opened at the college. Mr. South, Vice-President, has consented to act as honorary secretary.

*Surgeon Oculist in Ordinary to Her Majesty the Queen.*—This appointment, rendered vacant by the death of Henry Alexander, Esq., has been conferred on W. WHITE COOPER, Esq.

*OBITUARY RECORD.*—Died, on the 10th of March, 1859, at Craiglockhart House, near Edinburgh, in his 86th year, ALEXANDER MONRO, M. D., Emeritus Professor of Anatomy in the University of Edinburgh. The deceased was the third of his family who, in direct succession, filled the anatomical chair in the University of Edinburgh.